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Chapter 15 Psychological disorders

Introduction to Psychology (York University)

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Chapter 15: Psychological Disorders

Abnormal Behaviour: Myths, Realities, and Controversies

- It is a misconception that people with psychological disorders are violent and dangerous.

The Medical Model Applied to Abnormal Behaviour

- **Medical model:** The view that it is useful to think of abnormal behaviour as a disease.
  - Brought improvements in that victims were viewed with more sympathy and less hatred and fear.
  - Thomas Szasz, a critic of the medical model, asserts that a disease or illness can affect only the body; hence there can be no mental illness.

- **Diagnosis:** Distinguishing one illness from another.
- **Etiology:** The causation and developmental history of an illness.
- **Prognosis:** A forecast about the probable course of an illness.

Criteria of Abnormal Behaviour

1. **Deviance** → Behaviour that deviates from what society considers socially acceptable. For example, a sexual disorder is which a man achieve sexual arousal in dressing in women's clothing.
2. **Maladaptive behaviour** → Impairment of everyday adaptive behaviour. For example when overuse of drugs begin to interfere with a person's social functioning.
3. **Personal distress** → This criteria is met by people who are troubled by depression or anxiety disorders.

- Note that there isn't a sharp boundary between normal and abnormal behaviour, but rather they exist on a continuum.

Stereotypes of Psychological Disorders

- Stereotypes about psychological disorders that are incorrect:
  - Psychological disorders are incurable
  - People with psychological disorders are often violent and dangerous

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- People with psychological disorders behave in bizarre ways and are very different from normal people (not true of all).

Psychodiagnosis: The Classification of Disorders

- The Diagnostic and Statistical Manual of Mental Disorders (DSM) is the formal classification system used in the diagnosis of psychological disorders.

DSM-5: Changes and Continuing Challenges

- **Comorbidity:** The coexistence of two or more disorders.

The Prevalence of Psychological Disorders

- **Epidemiology:** The study of the distribution of mental or physical disorders in a population.
- **Prevalence:** The percentage of a population that exhibits a disorder during a specified time period.
- Studies have found psychological disorders in roughly one-third of the population.
- 44% of the adult population will struggle with some sort of psychological disorder at some point in their lives.
- 50% of adults experience symptoms at least once in their lives.
- The most common types of psychological disorders are substance use, anxiety, and mood disorders.

Anxiety, Obsessive-Compulsive and Post-Traumatic Stress Disorders

Anxiety Disorders

- **Anxiety disorders:** A class of disorders marked by feelings of excessive apprehension and anxiety.
- Include: generalized anxiety order, specific phobias, panic disorder, agoraphobia, selection mutism, social anxiety disorder, and separation anxiety disorder.

- **Generalized anxiety disorder:** Marked by high level of anxiety that is not tied to any specific threat.

- **Specific phobias:** An individual's anxiety has a specific focus.
  - Storms, water, and flying are common phobic fears.

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- **Panic disorder:** Characterized by recurrent attacks of overwhelming anxiety that usually occur suddenly and unexpectedly.

- **Agoraphobia:** Fear of going out to public places.

- **Social anxiety disorder:** Fear of falling or being embarrassed in public.
    - Includes public speaker, fear of crowds, meeting new people, eating in public.

Obsessive-Compulsive Disorder (OCD)

- **Obsessive-compulsive disorder (OCD):** Uncontrollable intrusions of unwanted thoughts (obsessions) and urges to engage in senseless rituals (compulsions).
    - Feel that something terrible will happen if the compulsive action is left alone.
    - There is high metabolic activity in the frontal lobe areas involved with direction attention.

- **Hoarding disorder** is a new category of disorder added to the DSM-5. People who suffer from this disorder never throw anything away, convinced in most cases that they might just need it later.

Post-Traumatic Stress Disorder (PTSD)

- Trauma and stress related disorder.
- This disorder is seen to follow an individual's exposure to some type of chronic or acute stressor.
- PTSD is often elicited by any of a variety of traumatic events including a rape or assault, car accident, a natural disaster, or witnessing a death.
- Symptoms include frequent recollection of traumatic events, avoidance of situations that trigger recall of that event, and increased physical arousal associated with stress.

Etiology of Anxiety and Anxiety-Related Disorders

- Like most psychological disorders, anxiety disorders develop out of complicated interactions among a variety of biological and psychological factors.

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Biological Factors:

- **Concordance rate:** The percentage of twin pairs of other pairs of relatives that exhibit the same disorder.
- There is a genetic predisposition to anxiety disorders.

Conditioning and Learning:

- Many phobias appear to be acquired through classical conditioning when a neutral stimulus is paired with an anxiety-arousing stimulus. Once acquired, the phobia may be maintained through operant conditioning (avoidance of the phobic stimulus is negative reinforcement)

Cognitive Factors:

- Certain styles of thinking make some people particularly vulnerable to anxiety disorders.
- These people misinterpret harmless situations as threatening.

Stress:

- Stress may contribute to the development of panic disorders.

Dissociative Disorders

- **Dissociative disorders:** When people lose contact with portions of their consciousness or memory, resulting in disruption in their sense of identity.

Dissociative Amnesia

- **Dissociative amnesia:** A sudden loss of memory of important personal information that is too extensive to be due to normal forgetting. Person still knows identity and most of their past.
  - Example: Margie and her brother were recently victims of a robbery. Margie was not injured, but her brother was killed. Margie was unable to recall any details from the time of the accident until four days later.

- **Dissociative fugue:** When people lose their memory of their entire lives along with their sense of personal identity. These people forget their names, families, etc. but may remember how to drive a car and do math.

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Dissociative Identity Disorder (DID)

- **Dissociative Identity Disorder (DID):** Characterized by the coexistence in one person of two or more largely complete and usually very different, personalities.
  - Aka multiple personality disorder.

Mood Disorders

- **Mood disorders:** Emotional disturbances or varied kinds that may spill over to disrupt physical, perceptual, social, and thought processes.
- We will discuss bipolar disorder and major depressive disorder.

Bipolar Disorder

- Time-limited episodes of emotional disturbance come and go unpredictably in mood disorders.

Major Depressive Disorder

- **Major depressive disorder:** Mood disorder characterized by persistent feelings of sadness and despair and a loss of interest in previous sources of pleasure.
- **Anhedonia:** A diminished ability to experience pleasure.
- These people lack energy and self-esteem.
- The prevalence of depression is twice as high in women as it in men since girls appear to be more likely to respond to stress.

Bipolar Disorder

- **Bipolar I disorder:** Disorder characterized by the experience of one or more manic episodes as well as period of depression.
- Most bipolar patients end up spending more time in depressed stated than in manic states. Manic states are periods of extreme energy, self-esteem, and optimism.

Diversity in Mood Disorders

- Bipolar or major depressive disorder suffering individuals may show a regulation relationship with the seasons of the year.

Etiology of Mood Disorders

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- Cognitive theories of depression assume that consistent pattern of negative thinking cause depression.
- There are also biological, dispositional, hormonal, and genetic factors.
- Behavioural theories emphasize how inadequate social skills may contribute to the development of the disorder.

Schizophrenia

- Literally, schizophrenia means “split mind.” (split = loss of touch with reality)

- **Schizophrenia:** A disorder marked by delusions, hallucinations, disorganized speech, negative symptoms (e.g. diminished emotional expression), and deterioration of adaptive behaviour.
- 1% of the population may suffer from schizophrenia.

General Symptoms

- Delusions and Irrational Thought
  - Delusions are false beliefs that are maintained even though they are clearly out of touch with reality.
  - For example, a patient’s delusion that he is a tiger.

- Deterioration of Adaptive Behaviour

- Hallucinations
  - People with schizophrenia frequently report that they hear voices of non-existent or absent people talking to them.

- Disturbed Emotions
  - For instance, a person with schizophrenia might cry over a silly cartoon and then laugh over a news story about a child’s death.

Positive vs. Negative Emotions:

- **Negative symptoms:** Schizophrenia symptoms that involve behavioural deficits, such as flattened emotions, social withdrawal, apathy, impaired attention, and poverty of speech.

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- **Positive symptoms:** Schizophrenia symptoms that involve behavioural excess or peculiarities, such as hallucinations, delusions, bizarre behaviour, and wild flight of ideas.

Etiology of Schizophrenia

- Research has shown overactivity at dopamine synapses as a key cause of schizophrenia disorders.
- Schizophrenia may be caused by disruptions in the brain's neural connectivity, which impairs the normal communication among neural circuits.
- Disruption of normal maturational processes before or at birth may increase vulnerability to schizophrenia.
- Schizophrenic disorder usually emerges during adolescence or young adulthood.

Personality Disorders

- **Personality disorders:** A class of psychological disorders marked by extreme, inflexible personality traits that cause subjective distress or impaired social and occupational functioning.
- Three categories (pg 77)
    1. Anxious/fearful: Marked by maladaptive efforts to control anxiety and fear about social rejection so they avoid social interact. Feelings of inadequacy.
    2. Odd/eccentric: These people are distrustful, socially aloof, and unable to connect with others emotionally.
    3. Dramatic/impulsive: These people overdramatize everything.

Antisocial Personality Disorder

- People with this disorder are antisocial in that they choose to reject widely accepted social norms regarding moral principles and behaviour (not that they avoid social interaction).
- These people chronically violate the rights of others.
- **Antisocial personality disorder:** Marked by impulsive, manipulative, aggressive, and irresponsible behaviour that reflects a failure to accept social norms.

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Disorders of Childhood

- **Autism spectrum disorder (ASD):** A developmental disorder characterized by social and emotional deficits, along with repetitive and stereotypic behaviours, interests, and activities.
    - Children suffering from autism were seen to exhibit three types of deficits – impairment in social interest, impairment in communication, and repetitive, stereotyped behaviours.
    - Originates in biological dysfunctions.

Psychological disorders and the Law

- "Not criminally responsible on account of mental disorder," is an important legal concept, because criminal acts must be intentional.

Culture and Pathology

Are Equivalent Disorders Found around the World?

- **Culture-bound disorders:** Abnormal syndromes found in only a few cultural groups.

Are Symptom Patterns Culturally Invariant?

- The more a disorder has a strong biological component, the more it tends to be expressed in similar ways across varied cultures.
- There can be cultural variations in symptom patterns. For example, delusions are a common symptom of schizophrenia in all cultures, but the specific delusions that people report are tied to their cultural heritage.

Eating Disorders

- **Anorexia Nervosa**: Use of dangerous measures to lose weight.

- **Bulimia nervosa**: Eating disorder characterized by overeating following by unhealthy compensatory efforts such as induced vomiting, fasting, and excessive exercise.

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Mental Disorder

- A clinically significant behavioural or psychological syndrome or pattern that occurs in a person and that is associated with present distress (a painful symptom) or disability (impairment in one or more important areas of functioning) or a significantly increase risk of suffering death, pain, disability, or an important loss of freedom.

Dopamine Theory

- Drugs that reduce dopamine reduce symptoms.
- Drugs (e.g. cocaine) that increase dopamine produce symptoms even in people without the disorder.

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